

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576917

FILING DATE

3.2.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1		1			
14		1				
15		2				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
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48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						